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In response to the request of the health department of Elizabeth, physicians had reported 44 cases up to January 19, 1915. The 44 cases were in households supplied by 26 different milk supplies. Twenty-six of the patients attended 11 different schools and 18 attended no school. One family had three cases; one family had two cases. All the other cases occurred one in a household. If similar outbreaks are now present, or have recently occurred in other parts of the country, the Surgeon General will be glad to be so notified by health officers.

THE LIMITATIONS TO SELF-MEDICATION.

USES AND ABUSES OF PROPRIETARY PREPARATIONS AND HOUSEHOLD REMEDIES.

By MARTIN I. WILBERT, Technical Assistant, Division of Pharmacology, Hygienic Laboratory, United States Public Health Service.

Much has been written and said at various times regarding the possibilities, blessings, and dangers of self-medication, but usually the statements made are tintured more or less vividly by the point of view or the personal interests of the essayist or speaker.

As an abstract thesis it would be fair to assume that within certain limits, mature, otherwise sane, persons have the right to select and to take their own medicines and that the resulting self-medication will not do more and may do less injury than the indiscriminate administration of medicines by the really incompetent physicians who are usually quoted by manufacturers of proprietary remedies as being representative of the medical profession generally.

The inherent right to self-medication is limited primarily by the broader and more comprehensive rights of the community at large. It is generally accepted that diseases that are recognized as being infectious or contagious involve matters of public policy and the welfare of others will frequently if not always require that patients ill with such a disease be properly treated by duly authorized persons and if necessary be isolated to prevent the spread of infection.

Conditions that tend to make a person a public charge or burden must also be recognized as limiting the rights of the individual to self-medication, and in this connection proper legal procedure may be invoked to prevent an individual doing himself permanent injury if it can be shown that the interests of the community are in any way involved.

The recognition of the inherent rights of an individual to take or to refuse to take a medicine or other remedy for the prevention or the treatment of any given disorder is, of necessity, based on the assumption that the individual is reasonably well informed regarding the nature of an infectious disease and appreciates the possibilities,

uses, and limitations of available remedies and the variability of the action of medicines on the human organism.

The importance of this general requirement is being emphasized at the present time by the widespread agitation for the conservation of our available resources, the most important of which is to be found in the life and well-being of individual members of the human race.

It has repeatedly been asserted that the loss of human energy through morbidity and mortality by preventable diseases constitutes by far the greatest waste of our present-day resources. Measured by the utilitarian standard of dollars and cents, the money value of the loss in productivity alone is exceedingly large.

It is not generally appreciated that this waste of our resources, involved in the untimely or unnecessary sickness or death of human beings, is due either to neglect or ignorance, so far as the use of prophylactic or curative measures may be concerned.

The word "remedy" in this connection should, of course, not be restricted to apply simply to medicinal preparations, but ought more properly to be construed to include all of the many substances, appliances, and procedures which are designed to prevent sickness or intended to promote restoration to health or to alleviate the effects of morbid conditions, real or imaginary.

It is well known that normal physiological processes may be profoundly affected in many ways and that unusual exercise, unwarranted exposure, unsuitable food, and the unwise ingestion of medicines may all bring about a serious disturbance of the balance of the coordinated physiologic mechanism of the body and thereby entail distinct and at times persistent structural changes or acute intoxications, or so reduce the natural resistance of the individual that he falls a prey to serious infections.

The followers of cults or -pathys who pride themselves on their abstinence from drugs frequently overlook the fact that foods, like drugs, may have a decided influence on the normal reactions of the human body, and that many exterior forces can produce changes in the normal physiological functions of the body, resulting, either directly or indirectly, in toxemias as profound as any produced by drugs.

The several problems involved in the misuse of nonmedicinal remedies for disease have as yet received but scant attention in the popular discussions on the prevention and treatment of diseases, but they obviously offer an almost illimitable field for study and research and certainly suggest the imperative need for the dissemination of accurate information.

Much the same is true of the misuse of medicinal preparations. While our present-day knowledge relating to the possibly harmful secondary effects of potent drugs is fairly comprehensive, altogether

too little authoritative information has been furnished the people at large regarding the variability of drug action due either to the condition of the patient or to differences in the strength and purity of the several drugs or preparations.

The first of these two causes of variation in drug action is of course beyond the control of either the patient or the physician apart from the fact that much educational work might be done to warn against the unnecessary or the persistent use of all potent drugs.

To efficiently guard himself against the possible untoward effects of potent drugs, it is essentially necessary that the individual taking a medicine be thoroughly well informed regarding its nature and composition and be reasonably well informed regarding the properties and actions of the drugs that are included.

At the present time information regarding the composition of the more widely used proprietary remedies is rarely if ever available, and it would appear desirable that prospective purchasers of such remedies be cautioned to avoid the use of preparations regarding the properties or action of which they can have no reasonably safe knowledge. The individual user should be given the opportunity to judge for himself whether or no any given preparation is reasonably safe or promises to be efficient. For this purpose it has been suggested that the purchaser of a medicinal preparation insist on accurate and complete information regarding its nature and composition, and the following arbitrary rules have been proposed as a guide:

Acceptable remedies must be—

(1) Preparations regarding which accurate and complete information is given as to the amount and the kind of active drug or drugs in a given quantity of the preparation.

(2) Preparations regarding which no claims are made as to curative properties or specific action unless such properties or action can be readily and satisfactorily demonstrated.

(3) Preparations regarding the possible untoward action of which an adequate and proper precautionary notice is given.

(4) Preparations free from objectionable quantities of alcohol or habit-forming drugs. And:

(5) Preparations the names of which do not suggest curative properties or specificity.

Objectionable remedies are:

(1) Preparations of secret composition or regarding the composition of which false or misleading statements are made.

(2) Preparations regarding the curative properties of which false or misleading statements are made either on the label, in the literature accompanying the package, or in any of the advertising material put out by the manufacturer or his agents.

(3) Preparations that are, or that may be, used for illegal purposes, such as abortifacients.

(4) Preparations already classed as being "alcoholic medicinal compounds" or such as are found to contain excessive quantities of alcohol or of habit-forming drugs. Or,

(5) Preparations the names of which suggest curative properties or specific action in certain diseases.

From a review of the thoughts and suggestions embodied above it would appear that if we accept the validity of the abstract thesis that individuals have the right to medicate themselves, we must also admit that the right of the individual to take or to refuse to take remedies is to a considerable extent limited by the nature of the ailment involved and by the probable outcome of the policy pursued from the point of view of its effect on the well being of the community at large.

The individual who desires to medicate himself should know that the human body is a complex aggregate of cells, the metabolic functions of which may be interfered with in many ways, and that no two organisms will react exactly alike under given conditions.

A medicine to be recognized as such is of necessity as potent a factor for harm as it can be for good, and should therefore be classed as a poison.

The ingestion or the use of a poison is fraught with dangers, and in order to minimize the possible harmful results the individual taking a medicinal preparation on his own initiative should be thoroughly well informed as to the nature and characteristics of the drugs he is taking and the untoward effects that may be expected.

IMPOUNDED WATERS.

A STUDY OF SUCH WATERS ON THE COOSA RIVER IN SHELBY, CHILTON, TALLADEGA, AND COOSA COUNTIES, ALA., TO DETERMINE THE EXTENT TO WHICH THEY AFFECT THE PRODUCTION OF ANOPHELES, AND OF THE PARTICULAR CONDITIONS WHICH INCREASE OR DECREASE THEIR PROPAGATION.

By J. A. A. LE PRINCE, Sanitary Engineer, United States Public Health Service.

Under instructions from Surg. R. H. von Ezdorf, of the United States Public Health Service, and after a conference with State Health Officer W. H. Sanders, of Alabama, a survey was made, during October and November, 1914, of the water of the Coosa River impounded above Lock No. 12. The dam is located at the proposed lock site of Lock No. 12, and was completed in the spring of 1914. It is located about 14 miles from Clanton, Chilton County, Ala. It was constructed by the Alabama Power Co., and the impounded water extends for about 20 miles upstream from the dam. At the request of the State health officer of Alabama, Dr. W. H. Sanders, the Ala-